QUARTERLY

THE ALLERGY AND ENVIRONMENTAL HEALTH ASSOCIATION

INSIDE...

EDITORS' MESSAGE

IN PURSUIT OF GOOD HEALTH AND HEALING

As a forty something person with plenty of aches and pains, food and chemical sensitivities, I have been trying to regain my good health for years. "Good health" seems to be an old fashioned concept. Since I returned to Toronto eight years ago, I have been hearing a lot about "healing" - physical, emotional, and spiritual healing. It is almost as if we are experiencing a paradigm shift from the concept of good health to the concept of healing.

	Good Health	Healing
Emphasis on:	Physical body	Wholism/integration of body, mind and spirit
Purpose:	To be able to do lifework	Joy, Zest, Loving
Time Frame:	Achieve it as quickly as possible	Ongoing process
	Finite	Infinite
Path:	Usually allopathic (treat symptoms)	Self-Created
	Proscribed	Creative
Resources:	MD's, therapists, counsellors, diet, excercise	MD's therapists, counsellors, diet, exercise, ND's books, dance, art, meditation

In the medical section of this issue, you will find a wonderful interview with one of the authors of the Whole Way to Allergy Relief and Promotion. These authors believe that getting better involves healing the body, mind, and spirit. We hope you enjoy it.

Betty Auslander
with lots of insight from Marianne Bertrand

HONOURING DR. MACLENNAN

At the AEHA general meeting held May 14, 1994, Dr. John Maclennan was honoured for his 25 years of contribution to the AEHA. In his address, Dr Maclennan reviewed some of the highlights of those years.

In the 1950's, he worked with Dr. T. Randolph, a pioneer in this area, identifying chemical sensitivities as well as food allergies.

As Dr. Maclennan's practice expanded, he found his office becoming a depot for such food items as organic grains, beet sugar and arctic char, for his patients. In 1969, the Hamilton branch of what is now the AEHA started up. Then an Ottawa Branch started up and, in 1978, the Waterloo-Wellington Branch. Dr. Maclennan found he was spending more time advocating for his patients (i.e. writing to legal and housing authorities) than working with his patients.

In the 1980's, Dr. Maclennan began to train other doctors in what has now become known as the field of environmental medicine.

In 1985, the findings of the Ontario Ministry of Health's Ad Hoc Committee on Environmental Hypersensitivity Disorders established the credibility of Environmental Hypersensitivity. In that same year, Anna Rose Spina was able to get an environmental advisory committee set up with $5 million dollars in research money to define environmental sensitivity.

Dr. Maclennan noted that the organization seemed to stumble along until we received our Trillium grant. Now, Dr. Maclennan urges us to continue in our efforts to provide quality service to humankind and not get bogged down in internal politics between Toronto and Ottawa and between the Maritimes and Upper Canada.

Dr. Maclennan shared his concerns about Ontario Bill 100, Section 27. The Ontario College of Physicians and Surgeons has indicated that they will only allow a doctor to give 50 nonconventional treatments in a year. (This is to allow doctors the freedom to do some research). The College indicates that some 6-12 doctors each year will likely have their licenses lifted for 6 months because they exceed the limit.

Dr. Maclennan is concerned about the tunnel vision of conventional medicine which has become very much influenced by drug manufacturers. What is needed instead is the owl's peripheral vision.

Thanks so much, Dr. Maclennan, for your very fine contribution.

Betty Auslander

THE QUARTERLY

The AEHA Quarterly publishes scientific and personal material reflecting the needs and interests of people with environmentally related illnesses. The Quarterly does not offer medical advice. People wishing to experiment with changes in their lifestyles should consult a physician.

Letters to the editor and submissions of material for The AEHA Quarterly should be sent to:

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THE ASSOCIATION

The Allergy and Environmental Health Association of Canada is a non profit, registered charity.

The Association's mandate is to increase awareness of environmentally related illnesses, stressing recognition, prevention, and treatment, and to advocate for fair and equitable treatment of affected persons.

The AEHA has branches across Canada.

ENVIRONMENTAL SENSITIVITIES

A growing segment of the population experience a variety of adverse reactions to environmental agents at levels well below those that might be deemed to affect average persons. The atypical reactivity is called Environmental Sensitivity.

Subsections of Environmental Sensitivity include labels descriptive of the site of the reaction such as "Asthma" (lungs) or of the mechanism of the reaction such as "Allergy", or of the causative agents such as "Multiple Chemical Sensitivity" or "Electromagnetic Sensitivity".

Typical agents include food, water, airborne substances, electromagnetic fields, and materials typically encountered in our daily lives, including both physiological and psychological stressors.

Sensitivity is highly individualistic, affecting each individual in a unique way, making definition, diagnosis and treatment difficult. Severe sensitivity is called "Hypersensitivity" and in some extreme instances, where a person has a sudden attack called "Anaphylaxis", the condition can be fatal. Symptoms may be mild and merely annoying, or they can be severe enough to interfere with daily activities, family life and career.

Environmental sensitivity is a degenerative illness. Prevention, early detection and treatment are therefore of paramount importance in dealing with this illness. Treatment of Environmental Sensitivity focuses on prevention, prudent avoidance of offending agents, appropriate nutrition, counselling and medical intervention.

Environmental Sensitivity is a relatively new field and as such is subject to considerable variation in interpretation. Environmental Sensitivities have been officially acknowledged as legitimate and compensatable disorders by many governments, agencies and research establishments.

MEMBER PROFILE

An Activist Action
MARILYN SHAW-GUISSET
Past-President of N.B. Branch

In June of 1993, Marilyn attended a Transport Canada Air Accessibility Initiatives Seminar. Transport Canada is planning to spend 24.6 million dollars as its part of the Federal Government's five year National Strategy for the Integration of Persons with Disabilities (1991-6).

Transport Canada wanted to know abou the participants needs. Other attendees included representatives from the Paraplegic Association, Multiple Sclerosis Society, Wheelchair Sports Association, the deaf, various bus companies and several airports.

Marilyn asked for many changes on behalf of the environmentally sensitive. Here are some excerpts from the seminar:

Marilyn Shaw-Guisset: I applaud you for getting such a large amount of funding for disabilities. I think it's wonderful. And there are a lot of disabilities that do require funding to make alterations. However, there are hidden disabilities that do not require any funding whatsoever. They just need pen put paper, for policy implementation. One of the things that I have personally found that creates a barrier is perfume worn by many of the airport staff and the airline staff. On the other hand, I would like to compliment the airline staff in their knowledge and expertise in providing oxygen. (laughter)

Greg Browning: I haven't heard about that type of problem before, but I find it most interesting. I'll certainly pass that on to some friends of mine.

Marilyn Shaw-Guisset: One of the other things that creates a disability is the roof of the buildings, particularly Toronto airport, it's like this (indicates flat with hand) and the car park is immediately next to the roof, so there's no circulation of air.

Greg Browning: That's Terminal One and Two...

Marilyn Shaw-Guisset: The domestic flights, yes. It's the one I'm most familiar with And there are a lot of other buildings with roofs that are either flat or like that (indicates trapezoid) and it just, the fumes everywhere just land right under this roof, and I'm just wondering if the roof can have a slope like this (indicates oval shaped) instead of like this (indicates cone).

Greg Browning: That's interesting. I don't pretend to know everything about disabilities yet, and that's quite interesting. I know that Calgary for example is a situation much like Terminal One in Toronto where the car park is essentially right across the street and you're in sort of a cement tunnel that's full of fumes and you notice it quite a lot.

Marilyn Shaw-Guisset: Yes...tunnels are a problem as well.

Greg Browning: Yes, I'll pass on your comments to some people in the airline industry that set policy and do training. I find these comments really interesting and I'm sure that they will be more than interested in hearing about them.

Marilyn Shaw-Guisset: My last item is, in some areas, and in Moncton we're working here for a no smoking bylaw, in some areas across Canada there are areas which do have a no smoking bylaw or no smoking designated areas, that for some reason or another you get the die-hard smokers that feel obsessed that they have their right to smoke in a non-designated area and sometimes they can become quite hostile whether sober or intoxicated and in some areas employees of institutions, government institutions or private sector, become leery of having to deal with these people and so the disabled become ignored. Because the employee doesn't want to deal with the hostile smoker and I would like to know if there is a written policy to deal with these die-hard smokers.

Greg Browning: At airports?

Marilyn Shaw-Guisset: At airports, on rail, on coaches...

Greg Browning: Well I know that I can help you a little bit perhaps, not 100%, I know that the Via Rail has a policy that smoking is only in designated areas, they declared all of their trains smoke-free and then sort of approached the problem from the reverse by finding out where it was actually safe to smoke in a train, I'm not entirely sure of what Transport Canada's smoking policy is, with respect to smoking at airport facilities. Perhaps my friend can help me here.

George Knox: In terms of managing airports, we do have designated areas within terminal buildings. Those are covered by regulation, so that in areas where we have a policing function, and at the moment, where we do have a policing function at the airport, it is normally done by the Solicitor-General through RCMP. They can enforce that regulation. At sites where don't have a policing function, then it does become more difficult and you may have to find a member of our staff or an airline staff who's willing to take on that problem.

Marilyn Shaw-Guisset: Mr. Knox, you spoke about the accessibility initiatives taken at the airports in the Atlantic Region, and I just have two items. I really would like to make a suggestion that you take the air fresheners out of the washrooms. They reek of phenol. It's the only thing I can smell when I walk into the washrooms. It's not fresh at all. It just smells of phenol. And the harsh cleaners, I'm wondering if perhaps you might consider using baking soda and vinegar. They have a very low odour, and are very efficient in cleaning as well. That would reduce a lot of the chemical odours in the bathrooms in the airports, and that applies to other federal buildings also.

The other item is concerning the air quality, the standards within the airports, and this is in general that I've found in the airports that I've been into, is the interior air quality has a distinct odour of jet fuel, recycling throughout the building, and I'm wonder if that can be improved upon at all.

George Know: Well, let me comment on your first observation. I will talk to the airport managers to see that they take the fresheners out of the washrooms. In terms of baking soda and vinegar, it's used around my own home. As long as we are able to continue to meet the standards set by the National Health and Welfare, in terms of their inspections and I would suggest that the alternative of using these vis-a-vis strong cleaners, we will ask our airport managers to certainly look at that. Just be aware that there is another agency who makes up sort of the final decision as to wether or not it's acceptable.

In terms of air quality in terminal buildings again, we have both normally through Labour Canada, we request National Health and Welfare to do on a regular basis air sampling. And that is a problem. I am, from an operational point of view, I know that when we state requirements, we normally in terms of mixing fresh air with the air that's circulated, ask for that system to be on the ground side of the terminal building. I don't know enough about the technology of filtering systems but we'll take that under consideration to see what we can do.

Greg Browning: I guess the thing that I just wanted to leave you with is the fact that the Commission, the Canadian Human Rights Commission, is there, and is available and if anyone has any questions about any area of accessibility, if they feel that they've been denied their right, then it's just merely to call the Commission in Halifax on a toll-free number and to talk to us and that goes to both service providers and disabled people. That we're there to discuss the ramifications of any situation. Bearing in mind that very often without a complete investigation we can't give an opinion because some of it becomes very technical in nature. But that to remember that we are there, and we are complaint-driven.

Marilyn Shaw-Guisset: To Mr. Greg Browning and Catherine Breau. I remember one particular case which hit home quite closely to me. It was concerning, dare I say, Air Canada, in which a couple were asked to leave the aircraft because they had a heavy scent of body odour on them. Whenever I have, I'd like to use a different word, complained, have informed the airlines of heavily

scented perfumed people, they have not requested them to leave the aircraft In other words, they have let them stay on the aircraft, and they have not requested that they remove the perfume from them -- society I realize has little tolerance toward body odour. It more readily accepts perfume. However, for the chemically sensitive, perfumes do create physical barriers. I'm wondering if we an progress on this issue, a little more, and also how the Human Rights Commission would handle such an inquiry. The experience that we've had in New Brunswick is that the Human Rights Commission have priorities elsewhere, and prefer to deal with cases that have already been established. If you could provide some assistance in this area, or on this subject, I'd appreciate it.

Catherine Breau: I guess the thing is about case precedents, I'm going to have to say the same thing to you, is that very often we allow the courts to determine, we either allow an investigation or the courts to determine whether in fact discrimination has happened or not. And, new areas that come up, we can't give a determination unless it has been "investigated" one way or the other by the Commission or by the courts. In this area, I'd like to draw the distinction between Commissions also in that we are the federal commission, and each province has its own provincial commission, and while we do both investigate the complaints of discrimination, we don't do it in the same areas, and have somewhat perhaps different priorities, but not always different. And the best that I can offer is that you bring a complaint forward and actual dates, times, and I guess, actions, whatever happened, and the best we can do is look at, and I guess that's all I can offer at this point.

Greg Browning: If I could just add my comment to that, because I believe you directed your comments to me as well. I would suggest that if you don't get satisfaction in dealing with the airlines, you have two options. One, the Human Rights Commission, and the other the National Transportation Agency at a minimum in addition to your provincial ombudsman and Human Rights Commission. I think sometimes individuals forget how important and effective their complaints can be. Usually a governing body has a choice of dealing with the complaint on an individual basis, or it can take that complaint and broaden it out and have an impact right across the country for every traveller. And I know that some of the cases I've been involved in had national implications in terms of dealing with air carriers and so on, so one individual's complaint can go a long way.

Marilyn Shaw-Guisset: I'm sorry to be persistent on this, but I feel there's an opportunity where perhaps I can gain more information to progress with this problem. I have written several letters to Air Canada, the subject has gone before their medical board, and while they have, may I say, a lot of compassion, there is a lack of implementation to do anything with this subject, and it's come to a point now where many of us feel that something should be done about it.

Greg Browning: Well, your options are to go to the National Transportation Agency and the Human Rights Commission, you can do so simultaneously I believe, and I'm sure that my friend over here Helene Nadeau, her comments will be of interest to you.

Catherine Breau: I'd just like to add one more thing, Terry, just one. In addition to, I guess, coming to our Commission, it would be perhaps wise to write to our chief commissioner, Maxwell Yalden in Ottawa, he has been involved in a number of leading edge issues, and is always on the lookout for those types of problems that don't necessarily surface all the time or perhaps don't even get through the system.

Marilyn Shaw-Guisset: I'd like to put a question to Wendy White of Air Atlantic. There are several menus for special needs with different airlines, and I realize that you represent just one, but there seems to be a lack of menus for the allergic people, and I'm wondering if Air Atlantic is going to consider this in the near future?

Wendy White: Again, this is an issue where we may or may not be aware of. Just hearing from you today, I'll have to be honest, I wasn't even aware of the association you represent, and that's unfortunate too, because this is where we're crying for help from everyone else's end to let us know of the various associations as well that you represent. Special

meals, we do just about cover all grounds. I don't work directly with the catering division of our company. It's something I could definitely check on and contact you directly, if you don't mind. Our kitchens, we do vary them, we've had problems with special meals because what's happened in the past, is that everybody wants a special meal. Some prefer seafood only, and it goes on and on and on, but we've definitely made changes in that area, but with your concern I really can't speak on it now, because I'm not familiar with it, but I'd like to get in contact with you.

Marilyn Shaw-Guisset: The other question that I have is, is it really necessary to spray a wake-up perfume and put-to-sleep perfume to prevent jet lap within the aircraft?

Wendy White: Representing Air Atlantic again, we don't, to my knowledge use any such thing, you probably run into it on international flights, is that were you're coming from?

Marilyn Shaw-Guisset: Actually, on international flights, I run into all kinds of things, like pesticides, the airline being fumigated while it's in flight, and various types of perfumes, but apparently some airlines have this put-you-to-sleep and wake-you-up to prevent jet lag.

Wendy White: To be honest, I haven't heard of it, definitely from our end, in fact all we've heard is comments it's hard to get to sleep, but that again is something that perhaps your association should address to those that are using it. I made notes this morning, when you mentioned the deodorisers in the airports, we also have a strong deodoriser in the lavatory of our aircraft, and I'm going to take that back to head office and see if we can reduce, because it's very annoying to me, I find it very offensive, the odour as it is, and that's something I'm going to bring back to our end.

Hugh Peck: What we've stopped is, we still provide, example gluten-free meals, we provide meals for religious reasons, we will provide things like low-cholesterol; we have stopped providing meals with allergy, say someone's allergic to nuts, we have stopped providing meals for allergies due to liability issues. What has happened, I am sure you're very aware that a product will make an announcement every once in a while, that such and such a batch has a possibility of peanut oil in it or some such thing, and I guess the lawyers got together and said, we just can't do this for liability issues. This only happened two months ago where we've stopped the specific allergy requirements.

Marilyn Shaw-Guisset: I think there are other ways of getting around this issue of liability. Actually I've been watching it with interest and you're the first person who has risen the liability issue. I've been waiting for it. But so far, you're the only people that have come forward with it. What I would like to recommend is that you provide food, very basic food. Rice cakes, for instance, there's only rice in it. You don't need bread, it's got all kinds of ingredients, plus preservatives and chemicals in it. You just get down to the basics, raw fruit is fine. If you get down to basics like that, then you don't necessarily create a vulnerability for yourselves and you are providing a service for people with special needs.

Hugh Peck: That's exactly what we've told our agents on the phone, to request people to say what they can eat. If you tell us what you can eat, then we can provide that, but if you ask for a nut-free meal, or something like that, we won't provide that.

Marilyn Shaw-Guisset: I appreciate your words. Can I make another recommendation. I'm hearing the same thing over and over again this afternoon, that the disabled do not want to go to the back of the aircraft, it's an inconvenience for them, it's an inconvenience for the airline staff. This also applies to me. I think it would be a fair estimation that an oxygen tank in its case probably weighs about fifty pounds. I am not going to carry that from one chair to another. If we could perhaps have a designated area for the disabled, close to the front, the second class or the economy area, I think all of us in this room would appreciate it.

Hugh Peck: That's certainly always the preferred location. In this training package, here, that's what we teach, preferred location: front of the aircraft.

MEDICAL UPDATE

HEALING BODY, MIND AND SPIRIT

Interview with Erla Mae Larson, R.M., Spokesperson from the office of Jacqueline Krohn, M.D. by Marjorie Hurt Jones, R.N. Dr. Krohn, Ms. Larson, and colleague Frances Taylor, M.A. co-authored The Whole Way to Allergy Relief and Prevention published by Hartley and Marks.

MJ Why did you decide to place emphasis on the emotional/psychological impact of environmental illness and allergies in your book.

EL We've each in our own experience seen how important a help - or hindrance - those factors are in the course of a patient's treatment and recovery.

We've seen really sick, complicated patients, who somehow managed to keep themselves very positive, achieve better recovery than we dreamed possible. An we've seen less it patients, who just couldn't "get it together", sit on a plateau almost indefinitely. They're the ones who never quite complied with their treatment plan - who found rotating their foods too complicated and never got around to creating an oasis at home; they may or may not take their neutralizing drops as prescribed, and generally fail to invest their energy in recovery-oriented activities.

On the other hand, patients who are willing to meditate and visualize themselves well, and who perceive themselves to be on a journey of spiritual growth - these patients seem to maintain greater focus on their physical recovery and greater motivation to do their part. When they are willing to tackle their family, emotional or spiritual problems head-on, instead of denying them, we find that patients can complement their healing process.

With some exceptions, EI patients experience a gradual downward spiral in their health over a period of years. When it has taken a long time to get sick it may also take a long time to recover. On average we actively treat patients for about two years - occasionally one or three years. Then most patients must shift to a maintenance program and continue to live within their limitations.

Recovery is a gradual process for patients with any chronic illness. They can't say, "I'm cured!", and become careless with their lifestyle. By exercising patience and being diligent in their care, a patient's level of function often improves to where they can resume an alternative satisfying career, experience a newly discovered zest for living and achieve internal peace.

MJ Does your staff handle emotional issues with your patients? Or do you suggest other outside resources in your community?

EL We do both. We strive for a simple, whole person, multi-level approach to healing. During testing we have time to chat and find out what's troubling a patient. Often we just offer lots of "TLC". Sometimes they start to delve into more deep-seated issues - where their fears or problems came from, for example. We just listen supportively. We can't solve their problems, but they may develop an insight into their situation as they talk.

We try to recognize when patients need more than we can give, and refer them on to a resource close enough to home to be feasible.

MJ What's your most common emotional issue?

EL Depression, by a landslide. It's doubly likely because first, patients get upset with the diagnosis of EI/Allergies - they perceive this as a downer. Second, patients react to certain allergens by feeling depressed and weepy. So they get it both ways.

We all know it's extremely common for EI patients to experience a stage of depression. First, they resent the diagnosis, and then the reality of it settles over them as they think about all of the changes it will mean in their life. They may be overwhelmed by the treatment - and further upset by the amount of time it will likely take. They'll need to take substantial time away from their already busy commitments to family and job.

Besides realizing that there's no quick-fix for their diagnosis, no magic pill to make them instantly well, they become apprehensive about the cost of treating a long term illness. We and they both have to acknowledge the reality of those concerns and feelings! But while we recognize some degree of depression as an almost universal characteristic of newly diagnosed patients, we maintain that in a warm, supportive atmosphere people don't need to get stuck in that mode.

Certainly if a patient appears suicidal, persistently agitated, or if it comes out that s/he has been a victim of incest or extreme childhood abuse, we do suggest a competent counsellor.

MJ Clearly patients have numerous reasons to feel depressed - but what do you suggest they do?

EL We, the staff, feel confident that things can be better for our EL/Allergy patients, no matter how grim circumstances appear initially. We reflect that optimism to our patients, complete with hugs. They may have to lean on us temporarily if they lack an adequate support system. If we can plant seeds of reassurance and optimism that will influence their thought processes, it can help them through their "down" times. We hope they'll discover for themselves the power of positive thinking.

Here's a quote from Norman Cousins that we thing says it all, from Anatomy of an Illness:

"If negative emotions produce negative chemical changes in the body, wouldn't the positive emotions produce positive chemical changes? Is it possible that love, hope, faith, laughter, confidence, and a will to live have therapeutic value?"

Even though patients normally pass through the stages of grief, human resiliency, which is so amazing, wants to hope If we can connect with and nurture that subconscious force, the patient probably has a better chance of achieving a satisfying level of function in her (or his) life.

MJ When you say "counsellor", do you mean a psychiatrist? What background, credentials or expertise are you looking for?

EL Mostly we refer to a few Jungian psychologists in our area who are experienced in working with people who have chronic illnesses. They can assist the patient through the stages of grief, as first outlined by Elisabeth Kubler-Ross (shock, denial, anger, bargaining, depression, guilt, loneliness, anxiety, and...finally, acceptance).

What we're talking about applies to patients with any chronic illness that causes the patient to feel losses - loss of ability and no longer feeling capable), loss of control, loss of concentration, loss of independence, loss of self-esteem, and possibly loss of a job, friends, or even a spouse.

We use caution when referring a patient to psychiatrists. We're reluctant to have psychotropic drugs - complete with side effects and allergic reactions - given to individuals who are already overloaded. Of course if patients have access to a conservative, environmentally-oriented psychiatrist, that would be an excellent option.

MJ Do you suggest support groups?

EL Yes and no. Support groups can deteriorate into a pity party, becoming a kind of Can You Top This? "No one was ever as sick as me...Oh, that's nothing, wait uptil you hear what happened to me...". And so it escalates, in a negative way. If that happens, patients are better off connecting with a compatible "buddy" - another patient with a positive attitude.

However, properly run groups can be a great help. Ideally, people come together to share and support each other through tough times. The atmosphere is more, "This worked for me...This is how I handled that problem when it happened tome, etc." They may share recipes, loan books and exchange other resources, too. We have several patients doing well in successful support groups.

MJ Scientifically, what do you think is the basis for the emotional and psychological instability you see in EL/Allergy patients?

EL So much is going on in the body. Every time the patient experiences a reaction (to foods, pesticides, natural gas, or anything else in the

environment), chemical changes occur internally.

Histamine, endorphins, neurotransmitters, hormones, leukotrienes, and enkephalins - all body-produced chemicals, become unbalanced. They may be released in excess, suppressed, or altered - any one of which can affect the normal function of the brain. Changes in patients' ability to think clearly, changes in their feelings, behaviour, mood, emotions, or personality may result.

Psychological symptoms, like any others vary from one individual to another, depending on the degree of sensitivity and amount of allergen to which they're subjected. The more severe the illness, the more severe and numerous the symptoms. Besides overwhelming depression, we may see anxiety, cognitive malfunctions, perceptual disorders, suicidal ideation, hyperactivity or, paradoxically, lethargy and chronic fatigue.

MJ Are you saying that whenever an EI patient exhibits these symptoms we can assume s/he is reacting to something in the environment?

EL Each of those symptoms can also suggest other diagnoses, but in a diagnosed EI/Allergy patient, yes, they're most likely reacting - to either their external or internal environment. We tend to think only of the most common offenders, which are all external: food, tobacco smoke, dust, mites, pollen and other inhalants, and so on.

Patients may also experience that same set of symptoms, reflecting emotional instability, in response to internal immune system triggers: Epstein-Barr virus, cytomegalovirus (CMV), or other viruses or bacteria. Parasites, fungal overgrowth, and other factors that upset delicate internal balances may also elicit those symptoms. The patient can react to an organism itself, to the toxins released by the invading organisms, to the debris left from dead organisms, or s/he can react to the body's own immune response to all those other factors.

MJ Specifically, what can patients do to help the process of their recovery?

EL We've collected a rather extensive list of activities for our patients. Before I give it, let me explain that by practising these disciplines (in short breaks away from depressive thoughts) even the physical symptoms of depression will begin to lift.

Here is an adaptation of the handout we use with our patients:

Reduce stress in your life, in those areas over which you do have control.

Simplify your lifestyle. This may mean learning to say "no" to high-stress activities.

Determine your limits by "testing the waters". Reconcile your aspirations and abilities.

Joy/enthusiasm. "Whatever you do, do it with a sense of joy, enthusiasm and a purpose. This will gradually help with extending your powers of concentration, and strengthening your ability to make decisions." (Jesse Stoff, Chronic Fatigue Syndrome.)

"Fake it until you make it." Habits are hard to break. Repetition of desired behaviour (and thought patterns) is essential.

Laugh. Take of the mask of adulthood and become a child again. The child in us loves to laugh. Aristotle described laughter as a "bodily exercise precious to [good] health." Read comedies and cartoons. Nurture your sense of humour and let laughter be your best medicine.

Visualize. See yourself well again, in vibrant, glowing health. Read Dr. Bernie Siegel's Love, Medicine, and Miracles for guidance.

Positive start. Begin each day by concentrating on a beautiful scene, poem, music, or affirmation. An affirmation can be as simple as one word (determination, energy, strength, courage, hope, etc.). Select a new affirmation each week.

Upbeat attitude. Adopt a positive hopeful optimistic attitude toward your recovery. Concentrate on the present, not the past.

Forgive yourself and others, including your parents, siblings, your present family, friends, and business

associates who may have hurt you.

Seek a personal sense of purpose by looking at new dimensions and definitions for your life. Dr. Siegel states, "You can create your own opportunities out of the same raw materials from which other people create their defeats."

Self-confidence. Gain assurance in your ability to meet life head-on as you practice new coping skills. Learn to give yourself credit.

Be thankful. Adopt a spirit of thankfulness for your inherent gifts, talents, and abilities. Abort self put-downs in your head; practice thinking positive about yourself.

Self-esteem. Hold on to your identity. Sick or well, you're a valuable person worthy of respect - from yourself and others.

Focus on wellness rather than illness.

Realistic expectations. Let me illustrate this with a case history. We have a patient who had been quite ill. After she sought treatment and practised many of the things we're talking about, she went from being in bed most of the day to being up and quite functional. Now she has a bad day only occasionally, when she inadvertently gets a chemical exposure (perhaps the grocery store was sprayed with pesticide, something like that, that she can't see or identify). When this happens she tends to become discouraged and upset. She has done really well, but would be happier if she could accept the uneven nature of an EL/Allergy recovery. Realistically, most patients we see get well unevenly, "bouncing" toward recovery. It may occur two steps forward, one step back - but the main direction of movement is still toward getting better.

Change. Plan necessity changes, then implement them - you'll be too busy reorganizing your life to dwell on your problems.

Spiritually. Seek spiritual support and comfort through meditation and prayer. Request prayer from those close to you.

Strengthen interpersonal relationships.

Play. Select a hobby compatible with your present capabilities.

Think positively. When a negative thought occurs, replace it with positive constructive work or a hobby activity that will totally absorb you. Stop negative patterns from becoming habits. Jesse Stoff says "Transforming negative thoughts is not merely saying 'no' to the negative thoughts. It is a creative process of generating positive feelings from within."

Recognize/acknowledge feelings. Allow yourself to feel: joy, hope, love - any emotion - yes, even anger, fear, resentment, hurt, etc. It's okay to feel the full gamut of feelings - they are part of recovery, and will fluctuate with the stage of grief.

Release bad feelings. Let go of old anger, fears, guilt, hurts and pain. Our emotions don't happen to us - at some level, we choose them.

Awareness. Look for opening doors or "avenues of new beginnings" in your life. Look for ways to adapt your lifestyle or occupation to your present capabilities.

Reach out. Extend your talents and personality into the community around you. This may include other EI patients elsewhere in the country. Networking usually helps both parties.
Learn on a daily basis, to benefit from your mistakes and experiences.

Regroup. Gradually restructure your faulty psychological defenses. Plan new ways to deal with comments or situations that used to set you off or throw you into despair.

Decisions. Remember that you have choices and options as you learn new ways to live.

Stretch yourself...surprise even yourself when you something you weren't sure you could. Even though you may experience limitations, live each day to the fullest.

MJ That's quite a list - we won't run out of things to do for ourselves anytime soon. Do you want to add anything?

EL Yes, I have something to share. In Love, Medicine, and Miracles, Dr. Siegel includes a quote taken from a wall in a bombed out basement in Germany after the close of the Second World War: "I believe in the sun, even when it does not shine. I believe in God, even when I do not hear Him speak."

Sometimes when recovery from EI, trying to achieve a higher level of health can be like that - an exercise in persistence and faith. The staff can suggest courses of treatment to initiate healing, but we know the course of recovery is influenced by the patient's attitude and motivation, all the things we've been talking about here and more.

Self-help books about, and can be very inspiring. We strongly recommend many of them. But books given information to build upon. Only practice and implementation of ideas changes lives. In other words, patients still choose what, if anything, they're willing to actually DO.

Reprinted from Mastering Food Allergies. 2615 N. Fourth St. #616. Cocur d'Alene. ID 83814. Vol. VII. No. 2, Issue #62. February 1992}

RESEARCH UPDATE

MULTIPLE CHEMICAL SENSITIVITIES SYNDROME: Toward a Working Case Definition. J. Nethercott, L. Davidoff, B. Curbow, H. Abbey. Archives of Environmental Health. Jan./Feb. 1993, pp 19-26.

Abstract. A study was conducted to identify clinical diagnostic criteria that experts regarded as major for categorizing patients as having multiple chemical sensitivities (MCS) syndrome. A cross-sectional survey of 148 medical practitioners with an interest in, or familiarity with, the condition was performed scoreable questionnaires were returned by 60.1% of those surveyed. The following five criteria, all based on self-reports, were selected as major for diagnosing the syndrome by more than 50% of the respondents: (1) symptoms are reproducible with exposure; (2) conditions is chronic; (3) low levels of exposure result in manifestations of the syndrome; (4) symptoms resolve with removal of incitants, and (5) responses occur to multiple, chemically unrelated substances. It is proposed that the major criteria accepted by the majority of survey respondents be used provisionally as the basis for categorizing cases in investigations of MCS syndrome.

SELF-REPORTED ILLNESS FROM CHEMICAL ODORS IN YOUNG ADULTS WITHOUT CLINICAL SYNDROMES OR OCCUPATIONAL EXPOSURES. I.Bell, G. Schwartz, J. Paterson, D. Amend. Archives of Environmental Health. Jan./Feb. 1993, pp 6-13.

Abstract. The present survey of young adult college students investigated the prevalence of self-reported illness from the smell of the five following common environmental chemicals (cacosmia): (1) pesticide, (2) automobile exhaust, (3) paint, (4) new carpet, and (5) perfume. Sixty-six percent of 643 students reported feeling ill from one or more of the five chemicals; 15% identified the smell of at least four chemicals as making them ill. Ratings of illness from pesticide correlated weakly but significantly with ratings for the largest number of individual symptoms (9 of 11); daytime tiredness and daytime grogginess both correlated at high levels of significance with illness rages (on a 5-point scale) for four of the five chemicals. The most cacosmic group (CS) included significantly more women (79%) than the noncacosmic group (NS) (49%); women overall were more cacosmic than men (< .001), even with the significant covariate of depression. Ratings of cacosmia correlated only weakly with scores for depression (= 0.16), anxiety (= 0.08), and trait shyness (= 0.18) in the total sample. On stepwise multiple regression with cacosmia score as the dependent measure, shyness accounted for 5.8% of the variance, while depression, anxiety, sense of mastery, and repression did not enter the equation. Histories of physician-diagnosed hay fever, but not asthma, were more frequent in the CS (16%) than in the NS group (5%). Without the confounds of chronic illness or specific treatment programs, these

(continued on Page 21)

LEGAL ISSUES

AN OPEN LETTER TO THE ONTARIO MINISTER OF HEALTH

As you know, I am the President of the Allergy and Environmental Health Association of Canada, which represents persons affected by Environmentally Related diseases. Using the National Academy of Sciences figure of 15%, the population affected by Chemical Sensitivity would be approximately one and a half million in Ontario. Environmentally related diseases are major health, social and economic problems in Ontario which are not receiving proportionate attention compared to other categories.

I respect the work that you have done on our behalf and therefore I am compelled to bring an urgent matter to your attention. I know that you and the NDP government could not have been involved in the design of clauses which take away the rights of working people, and restrict access to affordable and appropriate health care to only those who can afford it.

As you are aware the existing system of physician directed control over health care particularly preventative health care has been severely criticized in a long series of inquiries both here and in the U.S. all of which have remarked on their negative attitude, lack of comprehension, competence and ability to serve in a preventative format. In many countries, legislation has recently been passed to severely restrict internationally recognized abuses by medical associations which were found to be restricting access to health care. Persons affected by Environmentally Related Diseases have already seen their access to OHIP and insurance supported services severely reduced. Now they face severe restrictions on their access to self-financed health care. In a system where most resources are directed toward extraordinarily expensive publicly financed and highly questionable symptom suppression, surely we do not have to restrict access to self-financed effective preventative health care.

Bill 100 is the most serious threat to health care, human rights and political integrity that I have ever witnessed. I am requesting on behalf of the AEHA membership and all those affected by Environmentally Related diseases that the provisions of this bill which grant total control over a physicians right to practice; over faculties and devices, etc., be removed before serious damage is done. I have no choice but to register a formal challenge to this restriction on human rights and equal access with the Provincial, National and International Human Rights authorities.

With respect,
Ed Lowans

THE ONTARIO HEALTH MINISTRY FUNDS AN ENVIRONMENTAL SENSITIVITY CLINIC

The good news is that the Ontario Ministry of Health, Women's College Hospital and U. of T. are cooperating on a $2.5 million research project on environmental sensitivity. These funds will be spread over several years.

Sometime in the Fall of 1994, an Environmental Hypersensitivity clinic operating two days a week, will open at Women's College Hospital in Toronto. Dr. Gail McKeown-Eyessen of the Department of Preventative Medicine and Biostatistics, U. of T. will be the clinical director. She will be assisted by Dr. Lyn Marshall, head of the Canadian Society for Environmental Medicine.

The clinic will deal with patients who suspect that they have environmental sensitivities. The doctors at the clinic will administer a series of tests to make sure that the cause is not something else. If these tests are negative, the doctors will refer the patient to a Doctor of Environmental Medicine who can clarify which substances the patient is allergic to and the appropriate treatment. In other words, the not-so-good news is that the initial focus of the research is on clarifying the nature of the disorder and establishing guidelines for diagnosis.

Providers and those wanting information on the program can call 1-800-417-7092.

Betty Auslander

PLANNED ONTARIO CLINIC SPARKS NEGATIVE REACTION

A $2.5 million clinic announced by the Ontario government this month is supposed to help people with environmental sensitivities, but so far the project has generated only confusion and scepticism.

The clinic, slated to open its doors in August at Women's College Hospital in Toronto, is designated to help the 3,000 Ontarians the Ministry of Health estimates are suffering from multiple chemical sensitivities - an inability to tolerate even the lowest levels of chemicals found in the air and everyday items.

But critics of the program question the government's motives. They say the move was prompted not so much by a desire to help the sick as by a desire to avoid having to send patients to a costly treatment centre in Dallas.

"I think that the government does not completely know what they're doing with this. They're doing it to solve a political problem," said a medical official close to the project.

The official, who asked not to be named, said that more and more victims of MCS want the Ontario Health Insurance Plan to pay for their treatment at the Tri City Hospital in Dallas, where it can cost up to $3,000 for an initial assessment that includes blood tests, urinalysis and allergy testing, and where a six-month treatment program costs more than $250,000.

In one case, that of Susan Beck of Scarborough, the treatment involved a three-month stay in Dallas in 1991, the last year in which the Health Ministry still covered 75 per cent of out-of-country costs. In Ms. Beck's case, that amounted to three-quarters of an estimated bill of $200,000.

Now staying at the Scarborough Centenary Hospital, Ms. Beck wants to go back to Dallas and she wants OHIP to foot the bill.

"I'm asking them just to cover me 100 per cent", Ms. Beck said in a telephone interview from her hospital room.

She said she expects she'll have to spend two or three months there because she needs bowel surgery, total intravenous nutrition and some time to "detoxify" in the controlled-environment unit.

Ms. Beck has petitioned the Health Services Appeal Board for further OHIP coverage, but did not expecting an answer before June 16.

However, Ministry officials disagree that snowballing demands for MCS treatment abroad are what lie behind the new clinic. According to their records, only 12 Ontario residents appealed to the board for out-of-country treatment of environment illness in 1991. None was approved.

In 1992, seven people launched appeals. As of May 12 of this year, four of those cases had been heard and all were denied out-of-country coverage.

The Ministry does not have figures for the cost or the number of people who sought and received treatment in Dallas before 1991.

"It costs a great deal more money, obviously, to send patients away, and the government needs to spend its money wisely," said Barbara Selkirk, a spokeswoman for the Health Ministry.

Currently, there are only two centres in North America where MCS sufferers can go for treatment. One is the twenty-year-old hospital in Dallas and the other is a four-year-old environmental health clinic at Victoria General Hospital in Halifax.

The Toronto clinic's mandate is to develop a core of knowledge about the poorly understood condition, to come up with a working definition, and then to diagnose cases. The clinic will initially be a referral and research centre, said Patrick Hill, special assistant to Health Minister Ruth Grier.

Critics say, however, that the Toronto clinic is ill conceived and that even after it has been established, patients still won't receive the treatment they need.

"The Ministry doesn't have a firm idea of what it wants to do in terms of research," Dr. Gerald Ross, a Canadian specialist in environmental illness and medical director of the Halifax clinic, said in an interview.

"Patients are going to be somewhat disappointed in that they're expecting treatment but there's only going to be treatment in terms of research methodologies, said Dr. Ross, who has been an adviser on MCS to the Ontario Ministry of Health since 1989.

And the senior medical official who will be one of the clinic's administrators said both clinicians and researchers have been scrambling to get the clinic up and running for the August opening day.

During an interview in his Toronto office, he said the doctors who will be diagnosing patients at the clinic "have never seen patients with this condition."

He fears that many MCS victims will expect treatment similar to that available in Dallas, but "there's nothing in place we (as clinicians) can offer them yet."

Dr. Lyn Marshall, a Toronto general practitioner who will be an attending physician at the clinic said, "We've only had one meeting, we're just in the earliest planning stages" of knowing how the centre will operate.

Meanwhile, others in the medical field question the need for the clinic because of doubts that there is even such a thing as MCS.

Dr. Kempton Hayes, a general practitioner in Halifax, was asked by the Nova Scotia government in 1987 to examine what was then known as environmental hypersensitivity.

In a recent interview, Dr. Hayes said that after extensively studying 86 patients and their symptoms for five years, the authors of the study felt "there's not a shred of credible evidence to support the diagnosis of environmental hypersensitivity."

Told about the Toronto clinic, he said, "No government should be funding this kind of clinic nor should it provide funding for people to go to Dallas."

Amber Nasrulla

Reprinted with permission from The Globe and Mail. May 31. 1994.

CANADIAN TOWN KEEPS PESTICIDE BAN

The town of Hudson in Quebec, Canada, has won the right to keep a by-law passed in 1992 prohibiting the use of pesticides within the town. A judge of the Quebec Superior Court ruled that the by-law is legal and within the powers of the Town of Hudson.

The Town Council first enacted By-law #248 in 1990, prohibiting application of "toxic substances" subject to certain specific exemptions. In 1991, a second by-law (#270) was passed that stated that "the spreading and use of a pesticide is prohibited throughout the territory of the town."

The Hudson by-law seeks primarily to eliminate the use of pesticides for cosmetic purposes such as lawn and garden use. It does allow six exemptions for pesticide use: in swimming pools; to purify water; inside any buildings; to control or destroy animals which constitute a danger to humans; to control or destroy plants which constitute a danger to allergic humans (this exemption refers to a regional regulation requiring the elimination of ragweed); and as wood preservatives.

Farmers are also exempt but are required to notify local authorities of all pesticides used within the town. Golf courses were given a maximum of five years to phase our pesticide use. The by-law does permit biological pesticides to control or destroy insects, although a definition of biological pesticides is not included in the law.

Chemical lawn care companies were strongly opposed to the measure and refused to honour the statute. In the summer of 1992, Hudson successfully prosecuted two companies, ChemLawn and

SprayTech. Both companies appealed, claiming that the by-law exceeded the powers of the Town Council and that it was "abusive, discriminatory and unreasonable". In his judgement on August 19, 1993, Judge James T. Kennedy of the Quebec Superior Court stated that the Council had acted in the public interest by virtue of inherent powers given them by the Cities and Towns Act.

Reprinted from NYCAP News PO Box 6005 Albany, NY 12206 518/426-8246 Fall 1993

CHICAGO LABELLING LAW FOR GENETICALLY ENGINEERED FOODS

The Chicago City Council unanimously (50-0) passed an ordinance in early August that requires genetically engineering foods to be labelled.

Alderman John Madrzyk who authored the law said, "I've been getting a lot of calls from my constituents who say they would simply like to know when a product has been genetically altered." He was also motivated by his unhappiness with FDA's lax policy for genetically engineered foods. Another enthusiastic backer of the bill, Alderman Eugene Schulter said, "People have the right to know what they're buying." No national organizations were involved in this legislation.

Under Chicago's new law, grocery owners who do not display the warnings could be subject to fines of $25 for a first offense to $500 for a third offense. Reaction from food industry groups has been predictably negative.

Please send a SASE to NYCAP for a copy of the law.

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PESTICIDE AND FOOD SAFETY LEGISLATION REFORMS PROPOSED BY THE CLINTON ADMINISTRATION

Changes to the Federal Food, Drug and Cosmetic Act

Food tolerances will be set using a "health-based standard" allowing carcinogenic pesticide residues if they pose a "negligible" risk. Some exceptions will be granted for up to ten years for pesticides whose risks are up to ten times the "negligible" level.

Food tolerances will consider the unique aspects of children's diets, children's non-dietary exposures to pesticides, and their exposure to multiple pesticides.

Changes to the Federal Insecticide, Fungicide and Rodenticide Act

Pesticide registrations will be renewed every fifteen years to ensure they are in conformity with health standards.

"Reduced risk" pesticides will be given a priority review by EPA.

EPA and USDA will jointly work to set commodity specific pesticide use reduction goals. The agencies will also promote integrated pest management with a goal of having implementation strategies for 75 percent of U.S. acreage within seven years.

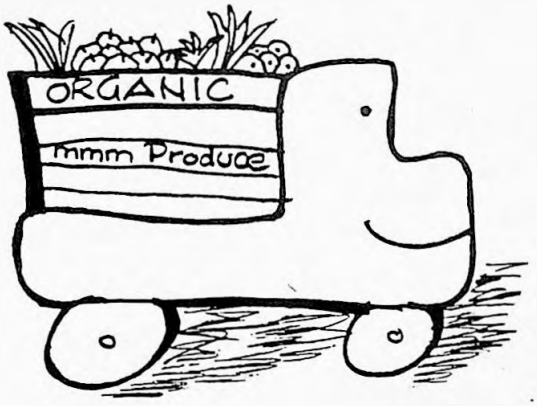
Record-keeping, with no requirements for public access, will be required for all pesticide use.

Export of pesticides that have been banned or voluntarily cancelled will be prohibited. Export of pesticides that have never been registered in the U.S. also will be prohibited if tolerances have not been approved.

Source: U.S. EPA, Food and Drug Administration, and U.S. Department of Agriculture. 1993. Administration pesticide/food safety legislative reforms: Executive summary of testimony. Washington, D.C. (September 21).

Reprinted from Journal of Pesticide Reform/Fall 1993/Vol. 13 No. 3 NCAP, P.O. Box 1393, Eugene, Oregon 97440/ (503) 344-5044

FOOD & NUTRITION



OBTAINING ORGANICALLY GROWN PRODUCE

A wonderful way to ensure a continuous supply of organically grown produce in the summer months is to join a Community Supported Agriculture (CSA) project. In most projects, you buy a share for the season ($250-$500) from the farmer in the spring. Then weekly deliveries are made to a neighbourhood drop spot. The size of your delivery is dependent on the yield the farmer gets that year.

CSA projects are springing up all across Canada. If you are interested in becoming a sharer, write to CSA Resource centre c/o MVCA Box 127 Wroexeter, Ontario N0G 2X0 or phone Ron Strome at (519) 335-3357. They can give you the names of nearby participating farmers.

CHILDREN'S FOOD INTAKE

There are many references in the Winter 1993/94 Journal of Hyperactive Children's Support Group to the dietary practices of children. Authors are concerned about the "grazing" practices of children who by the age of 11 are consuming a chocolate bar and/or soft drink, on the way to school, at breaks, lunchtime and before and after dinner. Research shows that such diets put the children at risk of dental cavities, hyperactivity, aggressive unmanageable behaviour, cancer, heart disease, osteoporosis, cataracts, and infectious diseases.

RESEARCH UPDATE

"Food Additives and Allergy", (Weber, Richard W., H.D., Col, MC et al, Annals of Allergy, March 1993, 70:183-191).

In this general review article on food additives and allergy, the author notes there is considerable evidence that food additives may cause adverse reactions. In extreme cases, sulphite sensitivity in asthmatics can cause anaphylaxis. Asthmatic reactions to additives are probably less than previously thought. According to the author, restrictive diets are of no benefit in asthmatic patients. Urticarial or other skin reactions to food additives are more common. A restricted diet for these individuals for several months may be beneficial. Oral challenge is the best way to document food additive sensitivity. There seems to be no overall uniform evidence that food additives effect hyperkinesis in children. There may be a small subset of primarily younger children in whom additives impact behaviour. The author states that this problem is much smaller than previously thought

Reprinted from Positive Reaction Vol. 2 Issue 3/4. Box 274 U.S.. Yorkdale Postal Outlet. Toronto M6A 3B8.

SCHOOLS

ENVIRONMENTAL SENSITIVITIES IN THE CLASSROOM: HOW TEACHERS CAN HELP

by Elizabeth Stutt and Leslirae Rotor

Have you ever wondered about a child but just couldn't put your finger on the problem? Is this child learning disabled? attention deficit? hyperactive? mentally disturbed? or simply just a bad kid who wants to disrupt your class? Perhaps the answer is that this child has environmental sensitivities, which are known to be the underlying cause of many learning, attention and behaviourial problems. Perhaps this child has been diagnosed.... Perhaps not....

Very conservative estimates admit that at least 15 per cent of our population is adversely affected by environmental pollution. A recent *Health Promotion Survey* (1990) by Health Canada indicates that 81 per cent of Canadians believe that their health has been adversely affected to some degree by pollution.[1]

Indoor air pollution is a serious environmental health problem since people spend an average of 90 percent of their time indoors.[2] A Toronto study by R.W. Bell indicates that the level of contaminants indoors are at least two to five times higher than outdoors.[3] The World Health Organization estimates that 30 per cent of homes and buildings today contain enough indoor pollutants to cause health affects that range from a sniffle to more serious health problems.

The benchmark used to assess indoor air quality in our schools - *ASHRAE Standard 62 - 1989* [4] - is based on the premise that 20 per cent of a **healthy young adult male** population will react unfavourably at the levels set by the standard. This has implications not only for the adult population, particularly pregnant women, seniors and the infirm, but especially children who are known to be more affected by indoor air pollution. To date, **no standards have been developed to address the needs of children!**

Children have a much higher body burden because they breathe a greater volume of air relative to their body weight; therefore, they absorb more toxic contaminants.[5] In addition, their immature detoxification systems are much less able to eliminate these contaminants.

Many children are presently missing school days because of inadequate air quality in our schools. Failing to provide good air quality in our schools means that some children lack equal access to programs and services and many fail to learn to their potential. If we fail to accommodate those with environmental sensitivities in our schools, we also isolate them socially.

What Are Environmental Sensitivities

Environmental sensitivities occur when some individuals become unable to tolerate exposure to common substances in their everyday surroundings or environment.

Some substances that may act as triggers:

- Harmful substances, either naturally occurring or synthetic, in our air, water, food, personal and home care products, fabrics, furnishings; hospital, school and office equipment and supplies; building materials; and chemicals used or stored in the home, health care facilities, schools, workplaces, farms or industries and public transportation vehicles.

- Natural substances such as pollens (grass, trees, plants and weeds), dusts, molds and animal dander.

- Foods.

The severity of symptoms can range from mild discomfort to total disability or chronic health problems. Symptoms may develop suddenly or slowly. Environmental sensitivities can develop in individuals of any age regardless of whether they have a past history of allergies.

Environmental sensitivities can be progressive. Prevention, early detection and treatment are therefore of paramount importance. Treatment of environmental sensitivities focuses on ***prudent avoidance of offending agents***, appropriate nutrition, supportive counselling and other medical interventions.

Some of the behaviourial signs of food and chemical sensitivities which can be observed in the classroom include:

- Overactivity
- Fidgeting
- Irritability
- Aggression
- Underactivity
- Drowsiness and exhaustion
- Depression
- Poor concentration
- Easy distractibility, distracting others
- Inconsistent performance in speech, writing and coordination
- Difficulty problem-solving
- Mood and personality changes
- Recurrent absences from school

Sources of Indoor Air Pollution

Many sources of contaminants in our indoor environments are found in schools as well as homes. Efforts must be made to avoid - or at the very least, reduce - exposure to toxic substances, particularly those containing volatile organic compounds. These include:

- Synthetic materials, especially carpeting and underpadding
- Cleaning products (except those which are non-toxic, environmentally friendly and free of volatile organic compounds)
- Bactericides, herbicides, fungicides and pesticides
- Petrochemical (including exhaust) fumes
- Humidification systems
- Humid and wet environments
- Heating and cooling systems
- Computer terminals and printers (particularly bubble-jet and laser)
- Photocopy machines
- Laminating machines
- Arts and crafts supplies[6]
- Scented products (including scent-laden clothing)
- Tobacco smoke (including smoke-laden clothing)

Currently, the special precautions taken in chemistry and biology labs, auto mechanics, metal-working and woodworking shops are simply inadequate.

School ventilation systems often fail to exhaust and dilute unavoidable contaminants and to deliver good quality air to the breathing zone. Moreover, many air intakes for school buildings bring in contaminated outdoor air from avoidable sources such as tarred roofs, bus bays, ventilation outlets, etc.[7] With reduced operating budgets, many school boards are deliberately lowering the air exchange rate in our schools, especially during the winter months to save energy and money. These actions are inexcusable. **The result is lost days due to sickness on the part of staff and students and a decreased ability to learn in an increasingly polluted indoor environment.**

How Teachers Can Help

- Recognize that sensitivities are highly individual. What one sensitive individual tolerates another may not. Also recognize that the same individual's tolerances will vary according to exposure to other substances to which the individual is sensitive.

- Check with the student and the student's parents before bringing new substances into the classroom.

- Promote open communication with parents and students.

- Review the student's health needs as presented by both the parents an the student's physician.

- Lean the necessary emergency procedures for your student's reactions (to such things as bee stings, foods, chemical vapours, etc.).

- Respect the need for special diets (no food

rewards, or have alternative food rewards available).

- Recognize that foods and even food aromas can trigger health and emotional stresses for children with environmental sensitivities.
- Avoid wearing perfume or after-shave, scented personal toiletries, cosmetics, hair sprays or gels, freshly dry-cleaned clothes and clothing laundered with scented laundry detergent, bleach and fabric softener.
- Use unscented laundry detergent and avoid **all** fabric softeners.
- Be aware that smoke-laden clothing may cause problems for some sensitive students.
- Avoid the use of materials that emit solvent or other aromatic chemical vapours, such as felt markers, certain art materials and typing correction fluid.
- Avoid the use of open containers of volatile organic compounds, such as alcohol.
- Avoid the use of dittos.
- Use water-based markers, where tolerated.
- Seat sensitive students near a window for natural light (and fresh air in non-pressurized schools).
- Avoid having composters or vermicomposters inside the classroom.
- Provide suitable textbooks; neither brand new because of volatile organic compounds from ink, paper or glue nor too old because of molds and/or dust.
- Respect the need for alternative learning environments for subjects such as chemistry, biology, industrial arts and auto mechanics.

It is essential that parents and schools work together to find the best possible environment for the individual student with environmental sensitivities.

Teachers have a voice through unions and can help to negotiate better working conditions through employment contracts. Teachers will benefit and so will students. Children have no such voice since most school boards do not encourage "meaningful" parental involvement! Please speak for the children and for yourselves.

If you are interested in picking up this challenge, the Allergy and Environmental Health Association (AEHA) have developed an advocacy package entitled "Accommodating the Needs of Students with Environmental Sensitivities". This information package includes: (1) a report documenting the effects of indoor air pollution on children's learning, behaviour and health, with guidelines for the prevention and/or reduction of indoor air quality problems; (2) a brochure; and (3) the text for a five-minute oral presentation suitable for copying on transparencies. The package is available at a cost of $10.00 from AEHA Ottawa Branch, Attn.: Education Committee, P.O. Box, 33023, Nepean, Ontario K2C 3Y9.

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1 Premier's Council on Health, Well-being and Social Justice, *Wealth and Health, Health and Wealth*, (Toronto: May 1994), p. 34.

2 United States Environmental Protection Agency, *op.cit.*

3 *Ibid* and R.W. Bell, *et al.*, *The 1990 Toronto Personal Exposure Pilot* (PEP) *Study* (Toronto: Queen's Printer for Ontario, 1991), p. 11.

4 American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc., *ASHRAE STANDARD 62-1989: Ventilation for Acceptable Indoor Air Quality* (1791 Tullie Circle, NE, Atlanta, GA 30329).

5 United States Environmental Protection Agency, *Environmental Hazards in Your School: A Resouce Handbook* (Publication #2DT-2001, October 1990) (Washington, DC 20460), pp. 12-14.

6 Health and Welfare Canada, *The Safer Arts: The Health Hazards of Arts and Crafts Materials* (Ottawa: 1990).

7 United States Environmental Protection Agency, *op.cit.*

About the Authors:

Elizabeth Stutt *is a parent advocate who took the needs of her two children (9 and 11) to the highest level of appeal under the Ontario Education Act, the Ontario Special Education Tribunal, in January 1993. She is currently President of the Ottawa Branch and National Education Committee Chair for the Allergy and Environmental Health Association.*

Leslirae Rotor *is a mother of a 14-year-old daughter with environmental sensitivities. She is currently Vice President of the Ottawa Branch, National Capital Region Director on the national board of the Allergy and Environmental Health Association and a member of the National Education Committee.*

Drawing by ***Linda Phillips,*** *a member of the AEHA Ottawa Branch.*

School Air Quality!

Got a problem? Let us know!

To all parents, teachers or students:
Do you feel building materials, cleaning, craft or hobby products, perfumes or hair sprays, ventilation, lighting, air quality, or other are causing health problems for you or your child?

If so, please call 416-463-9150 (evenings only), or write AEAH c/o 30 Riverdale Avenue, Toronto, Ontario M4K 1C3. Thank you.

Human Ecology Action League Travel Guide

This Travel Guide lists accomodations in North America suitable for rental by people with environmental sensitivities.

If you are interested in listing suitable accomodations or ordering a copy of the Travel Guide (for $5.50 U.S.), you can write:

Human Ecology Action League
P.O. Box 49126
Atlanta, Georgia 30359
Attention: Jean Churchill,
TG Coordinator

If you wish to **list** an accomodation, fill in the following:

Name of Host:_____
_____
Location:_____
(City & State/Province)
Phone:_____
Gen: Location:_____
_____
Rooms:_____Bath:_____Rates:_____
Max.Stay_____Avail:_____
Comments (In less than 50 words):
_____
_____
_____
_____
_____

Sample:

Atlanta, GA
Host: Betty Sue Loudermilk
Phone: (404) 248-1898
Gen. Location: 5 miles N.E. of Atlanta
Rooms: 3 singles; Bath: Shared
Rates: $35/night; $400 per month
Max Stay: No limit; long term preferred
Avail: Year Round
Comments: Good ventilation, electric kitchen, whole-house water filtration, cotton bed linens, no carpet in Br., organic food nearby, air filters, ceramic tile walls & floors.

OUTDOOR AIR

PESTICIDE PERSIST IN GREAT LAKES

The Great Lakes receive pollutants such as through direct deposition via rain, snow and dust on their large surface area.

Pollutants that enter the lakes are retained for long periods of time because less than 1% of the water flows out of the lakes annually. Persistent pesticides accumulate in sediments, mix back in water, bioaccumulate in the food chain, and then fall back into the sediment. Concentrations of the cancer-causing herbicide atrazine in lake water were higher than expected and were found at similar levels down to a depth of up to 500 feet.

Long-banned pesticides continue to be detected in high concentrations in fish. The U.S. Government Accounting Office in a recent report entitled "Issues Concerning Pesticides Used in the Great Lakes Watershed", characterizes banned and restricted-use pesticides as one of the most serious hazards to human health and the environment in the Great Lakes region.

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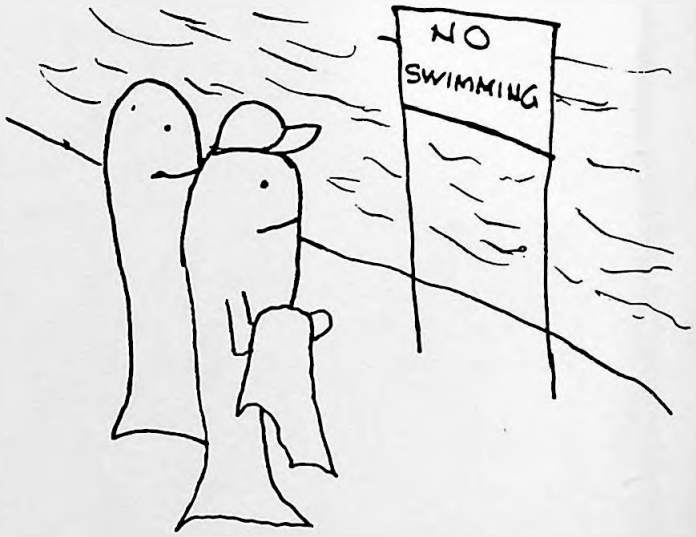
CO^2 EMISSIONS CLIMBING

CANADA'S CARBON dioxide emissions were up 3.5 percent in 1992, according to a statistical summary released by the Sierra Club of Canada.

Emissions are up 1.7 percent over 1990, the year Canada committed to stabilize greenhouse gas emissions at 1990 levels by the year 2000.

Louise Comeau, climate change campaigner, attributed the increase to a refusal by governments and industry to invest in energy efficiency and renewables.



(cont'd from Page 11 - Research Update)

data are similar to patterns described clinically for a subset of patients with multiple chemical sensitivities (MCS), including previous data on increased nasal resistance in MCS. The findings also suggest a limited relationship between degree of self-reported cacosmia and trait shyness, possibly on the basis of limbic hyper-reactivity. Psychological variables did not otherwise account for any of the variances in self-rated illness from chemical odors in this nonclinical sample.

BOOK REVIEWS

R. Bell, R. Chapman, R. Kruschel, M. Spencer, K. Smith and M. Lusis, The 1990 Toronto Personal Exposure Pilot (PEP) Study ARB-207-90. Available for free from Ontario Ministry of the Environment at 1-416-323-4321.

This study was designed to supply preliminary input to a VOC data base of indoor and outdoor Toronto locations. 65 field samples were collected and analyzed. The study identifies the indoors as "a major source of chlorinated and higher-ordered aliphatics: namely 1,1,1-thrichloroethane (dry cleaning), tetrachloromethane (floor waxes, furniture polishes, paints and adhesives), tetrachloethene (dry cleaning, paint removers and solvents), nonane and decane (waxes, stains and room fresheners)." (p.11)

City of Toronto Department of Public Health Environmental Protection Office. Outdoor Air Quality in Toronto: Issues and Concerns, 1993. The Summary Report is available for free from 1-416-392–6788.

The measurements of outdoor air pollutants and toxics in Toronto were taken in the summers of 1990 and 1991. The report highlights where readings were higher than set Ontario criteria; health effects associated with individual pollutants; and that "more research needs to be done on the health effects associated with chronic exposure to low levels of criteria pollutants, air toxics and mixture of pollutants" (p.17). The report noted that since most of us spend only 2% of our time outside, exposure to indoor pollutants is likely to be more important.

Joyce Schoemaker and C. Vitale, Healthy Homes, Healthy Kids, Washington: Island Press, 1991.

The authors of the practical book review the common environmental hazards at home and in the school. They also provide references that assist the reader to do further investigations.

A. Pope, R. Patterson, H. Burge, eds. Indoor Allergens-Assessing and Controlling Adverse Health Effects, Washington, DC: National Academy Press, 1993.

This book profiles the most important indoor allergens, lists possible sources and provides a good reference section for further reading.

The book provides guidelines on assessing family history of allergic disease and on a range of procedures to determine the patient's sensitivities.

N. Golos and F. Golbitz, Coping With Your Allergies, New York: Simon and Schuster, 1979.

This is a lovely primer on the concepts of environmental medicine, masking, sensitivities, rotary diversified diet. The authors also share many important tips and anecdotes. This would be a wonderful book for someone who has just realized s/he has sensitivities and wants to do some reading about it.

TIP SEEKERS

Q. I occasionally eat fruit and vegetables that are not organic. Do I get exposed again if I compost the peel and use the compost in my vegetable garden?

A. An article in the fall 1993 Environmental Health Review titled "Composting and Health - A Review" explores this issue. Apparently a study in Oregon showed that pesticide residues are generally broken down in the compost by high temperature and microorganisms. (The high heat from composting promotes volatilization and hydrolysis of the chemicals) However, proper temperature control and regular turnings of the compost are needed to ensure adequate chemical destruction. 2,4-D is the most resistant to breakdown the article notes that you might want to avoid composting clippings from recently herbicide treated lawns for at least 2 cuttings. If you want to avoid phthalate (plasticizer) residues, avoid composting leaves in plastic bags. Paper work well and degrade at the same rate as the leaves.

Q. Does anyone know where I can buy a sweat shirt that doesn't give off formaldehyde? B.C., Toronto

A. The Cotton Place, P.O. Box 59721, Dallas, Texas 75229 lists organically grown cotton sweat shirts. The ad goes no bleach, no dyes. No harmful chemicals. P.B., Guelph

TIP SEEKERS

Mary McLean writes from Kitchener to recommend a featherweight baking powder that is cereal, sodium and fat free. It contains potato starch, monocalcium phosphate, potassium bicarbonate. It is available from the Estee Corporation, Consumer Relations department, 169 Lackawanna Ave., Parsippany, N.J. 07054-1094.

ANOTHER MOLD PROBLEM

Living in a house plagued with allergy sufferers, I have always kept cheese cloth covering my heat registers. We had air conditioning installed about 10 years ago so we wouldn't have to open windows and let in the dust and pollens so prevalent around our farm home. Several years ago, I discovered that the cheese cloth was turning a dark grey-not so much dust as a discoloration. I was convinced either the furnace was malfunctioning, or else the electronic filter or air conditioning must be. We had service men out several times but none could find a problem. Finally, this spring I called Nickel Plumbing and Heating. The service man did a thorough check--one of the best I've ever had done He finally cut into the plenum on the top of the furnace which housed the air conditioning coils. Sure enough, there was the problem.

Crusted dust and mold was caked to the air conditioning coils on the upper side of the coils. Even when the air conditioning was not running, the air was being forced through this "garbage" and carried into the air through the heat registers. Thanks to a very conscientious service man, I now have a panel on the plenum of my furnace that I can remove myself and clean this area out. It is still a mystery how all this material gets on the coils, but at least now I can check on the situation and keep it clean.

Be persistent if you have a problem. I'm glad I was.

Barb Kaluzy
Perdue, SK

Reprinted from Allergy Alert, Box 1904, Saskatoon S7K 3S6, December 1993

UNSOLVED QUESTIONS

1. Does anyone know where or how I could get a glass box made? Or perhaps plans for one? P.B., Guelph

2. Has anyone identified less offensive lead pencils or ink pens? P.B. Guelph

3. Where are the least polluted areas of Canada to live in? Has anyone with environmental hypersensitivity moved to a place where the outdoor air is excellent? P.B. Guelph

TRADING POST

CHEMICAL SENSITIVITY NOW AVAILABLE

Dr. William Rea's medical textbook, Chemical Sensitivity, the first of a four-volume series is now in print. As the first major scientific book on chemical sensitivity, it results from the study of more than 20,000 patients seen throughout the past 18 years at the Environmental Health Centre (EHC) in Dallas. The Environmental Physician newsletter says: "Environmentally oriented physicians, allergists, nutritionists, physicians in preventative and occupational medicine, and medical students will find that **Chemical Sensitivity** is truly a magnum opus in the field in toxicology and will prove to be a classic reference." To order, call the American Environmental Health Foundation at 1-800-428-2343. $69.95 (U.S.) by Lewis Publishers. (Say that you read this in the EHC newsletter and receive a 10% discount.)

MOLD TESTING KITS FOR PHYSICIANS, PATIENTS

Simple, inexpensive mold count testing kits are now available through the Environmental Health Centre (EHC). The kit identifies location, amount and type of fungi/mold in five areas of the home or office environment. An unlimited number of mold kit information cards are available to physicians or professionals for use as a service to their patients. Please call Avon Johnson at 214/373-5149 to order cards or kits. Kits are $35.00 (U.S.) per set.

JUNK MAIL CAMPAIGNER CREATES HASSLE-FREE KIT

In 1990, Paul Psutka and some friends in Kitchener, Ontario initiated a petition in their community to stop the reams of junk mail they were receiving. "We wanted to see if we could get one postal route to become junk mail free," says Paul. The petition received 97 percent support, and Psutka thought they were on their way to creating Canada's first "Junk Mail Free Zone."

Then they ran into the policies of Canada Post. The group quickly learned that while private distributors of junk mail would remove them from their lists, Canada Post would not. Maple Key and the 'Junk Mail Free Zone' kit were born.

Psutka and a friend created a kit that would stop all junk mail, except that which came from Canada Post, in one step. The 'Junk Mail Free Zone' kit includes a Junk Mail Free zone mailbox sticker, letters to all the major private junk mail companies in Canada, and a letter to the minister for Canada Post demanding the right to say "no" to unwanted mail. The kits are perfect fund-raisers, and effectively reduce the amount of addressed junk mail the purchaser receives.

For a copy of the kit, send $3.50 to:
Maple Key
428 Westvale Dr.
Waterloo, ON, N2T 1T5
(519) 744-9484

HOME OF THE FUTURE

Imagine a three storey house that takes up only as much space as a two car garage, can comfortably house a family of five, and is **totally** self sufficient. Impossible? Not!

Martin Liefhebber and a team of architects recently won an award from the Canadian Mortgage and Housing Corporation for their design of a house that takes care of its own waste, and produces its own energy, among other things. All the innovations featured in the house are readily accessible.

The design team is currently gathering funds to building a model of the house, which features passive and active solar energy, wood heat, a greywater recycling system and much more. Sound like an ugly, featureless box? Think again. The entire top floor features a greenhouse roof, and a handsome spiral staircase winds up one side.

For more information:
Martin Liefhebber
177 First Ave.
Toronto, ON, M4M 1X3
(416) 469-0018

PROFESSIONAL LISTINGS

PROFESSIONAL LISTINGS

We are developing lists of health professionals who work with the environmentally sensitive. If you are interested in having your name put on this list, send a letter describing the kind of services you provide to Betty Auslander, 85 Walmsley Blvd., Toronto, Ontario, M4V 1X7.

We are providing this list as a service to our members. However, each member should decide very carefully who she/he wants to work with. Inclusion in these listings does not imply endorsement by the AEHA.

MEDICAL DOCTORS IN THE CANADIAN SOCIETY FOR ENVIRONMENTAL MEDICINE

Doctors, who are members of the Canadian Society for Environmental Medicine, mainly work with patients that have environmental sensitivity disorders like multiple chemical sensitivity, asthma, hay fever, dermatatis, chronic fatigue syndrome, candida and lupus. Most of these doctors have taken extra training in this area through the American Academy of Environmental Medicine.

J. Aubry, M.D., Sturgeon Falls, 705-753-2300
P. Bright, M.D., Mississauga, 416-564-0122
L. Gilka, M.D., Ottawa, 613-820-6118
R. Greenberg, M.D., Vancouver, 604-733-1055
A. Haque, M.D., Regina, 306-757-6688
H, Krop, M.D., Mississauga, 416-564-0122
J. Maclennan, M.D., Dundas, 416-628-8241
R. Mickelson, M.D., Glouchester, 613-830-5764
J. Molot, M.D., Ottawa, 613-235-6734
T. Polevoy, M.D., Waterloo, 519-725-2263
W. Tetz, M.D., Lacombe, 403-782-3513
M. Zazula, M.D., Mississauga, 416-276-7754

OTHER HEALTH PROFESSIONALS

H. Adirim, DDS, ND, Toronto 416-922-6866
N. Ajina, MD, ND, Vancouver 604-737-3600
F. Anello, M.D., Cambridge 519-653-3731
M. Basie, DDS, Vancouver 604-736-7455
N. Beserminji, MD, DN, Toronto 416-265-3309
R. Chan, MD, Toronto 416-223-8666
F. Chen, MD, ND, Halifax 902-492-8839
L. Christian, ND, Willowdale/Oakville 416-226-4478
D. Colson, DDS, Toronto 416-482-2133
S, Gislasen. MD, Vancouver 604-872-5999
J.P. Grod, DC, Etobicoke 416-695-3613
B. Ihara, ND, Victoria, 604-478-1333
P. Jaconello, MD, Toronto 416-463-2911
K. Kerr, MD, Toronto 416-927-9502
I. Korman, ND, Willowdale 416-222-3175
J.W. Lavallee, M.D., Chester 902-275-4555
D. Li, MD, ND, Halifax 902-492-8839
D. Manchester, ND, Kamloops 604-372-8900
M.V. Miller, DDS, ND, Toronto 416-293-4119
J. Phillips, PSYCH., North Bay 705-476-1635
S. Pilar, MD, Vancouver 604-739-8858
A. Powell, MD, Toronto 416-469-4250
Z. Rona, MD, Toronto 416-534-8880
G. Roth, DC, ND, Toronto 416-234-1888
J. Seale, MD, Ottawa 613-830-1298
F. Shamess, DC, Victoria 604-727-9501
F.L. Stanfield, MD, Calgary 403-294-1187
H. Steele, NC, Chatham 519-354-3660
W.H. van Hoogenhuize, MD, Bradford 905-775-2976; Collingwood 705-444-1555
G. Wagstaff, ND, Winfield 604-766-3633
K. Wolch, DMD, Toronto 416-281-4746
A.A. Wood, DC, ND, Newmarket 905-853-7151
P. Yam, MD, ND, Sidney 604-656-7178

DC - Chiropractor; **ND** - Naturopath; **DDS** - Dentist

SOURCE DIRECTORY

BUILDERS & RENOVATORS

Arkwright Design Consultants Ltd., Toronto 416-463-8373
Green City Design, Toronto 416-691-2477
Greg Allen & Associates, Toronto 416-962-6193
Lowans & Stephen, Caledon 519-940-0964
Rulestone Renovations, Toronto 416-694-6016

ARCHITECTS/DESIGNERS

Greg Allen & Associates, Toronto 416-962-6193
Arkwright Design Consultants Ltd., Toronto 416-463-8373
David Leslie, Quebec 418-648-8168

CLINICS

Women's College Hospital, Toronto 800-417-7092
Randolph Clinic, Chicago 708-577-9451
Maley Clinic, Texas 903-793-1153
Nova Scotia Clinic, Halifax 901-428-7087
Tri-City Hospital, Dallas 214-381-7171

CONSULTANTS

B. Auslander, Household Environmental Audits, 416-487-2061
M. Burstyn, Patient information about chronic illness 416-832-0789
A. Dow, Healthy Homes and Workplaces, Red Deer, 403-340-8603
S. Savary, Home Environmental Audits, 514-733-9481
B. Small, expertise in building products that contain minimal levels of chemical irritants 416-649-1356

COTTON SUPPLIERS

Fabricland
Green Brigade, Toronto 416-422-2633
C. McDiarmid, Born to Love, 15 Silas Hill Drive, North York, Ontario M2J 2X8
Textile Connection and Natures Clothing Co., 26 Harding Blvd., Richmond Hill, Ont., L4C 1S8, 905-508-7539
Helen Turner, Box 151, Perdue, Sask., S0K 3C0

GOVERNMENT AGENCIES

For complaints regarding paint and/or pesticides write: Product Safety Bureau, Health Protection Branch, Place du Portage, Phase I, 17th Floor, 50 Victoria Street, Hull K1A 0C9

For cosmetic complaints write: Disinfectants and Cosmetics Division, Health Protection Branch, 1600 Scott St., Holland Cross, Tower B, 4th Floor, Ottawa K1A 1B6

GRASSROOTS ORGANIZING

Toronto Biotechnology Initiative 416-392-4780

INFORMATION

Consumer Health Information Service will provide lists and copies of articles on any medical problem of interest to you. 1-800-667-1999.
Green Eclipse - free referral service on healthy home products and services, Toronto 416-966-7416; Ottawa 613-788-3100.
Information on how to go about getting you employer or landlord to accomodate your special needs, call 1-800-526-6262.

PESTICIDE ALTERNATIVES

Canadian Organic Growers Quarterly, Box 6408, Station J, Ottawa, Ont., K2A 3Y6
Organic Gardening Information, 1-800-268-2000.

TRAVEL GUIDE

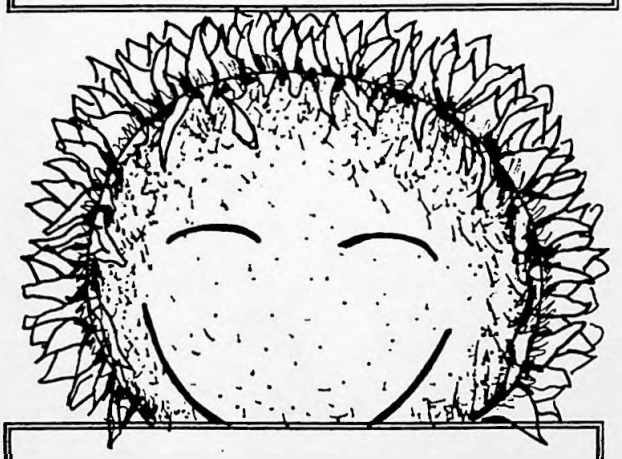
ACCOMODATIONS LISTING available from Human Ecology Action League, Box 49126, Atlanta, GA 30359

WORK RELATED CHEMICAL SENSITIVITIES

To help you determine whether you are sensitive to items at work: Occupational Health Unit, Lakeshore area, Multi-Service Project, 185 5th Street, Etobicoke, Ont., M8V 2Z5 416-252-6471, Ext. 229

CALENDAR OF EVENTS

Nov. 27-Dec. 1
An International Workshop on Indoor Air - An Integrated Approach, will be held in Gold Coast, Australia.
Write: P.O. Box 1280, Milton, Qld 4064, Australia
Fax: (617) 369-1512



FOR YOUR INFORMATION

The Ministry of Energy and Environment is reviewing the legislation on applications of pesticides for cosmetic reasons. They welcome input. Call 416-323-5095.

You can ask to work with your local Ontario Ministry of Environment pesticide information officer, your neighbours and gardening chemical suppliers to get prior notification of pesticide spraying in your neighbourhood. Call 416-414-3000.

C. Black, Toronto

MEMBERSHIP APPLICATION

Membership including a subscription to the Quarterly is $25.00 per year.

Name: _____

Address: _____

_____

Postal Code: _____

Phone: Home: _____

Work: _____

Fax: _____

Date: _____ New:___ Renewal:___

Which branch, if any, you would like to belong to: _____

Annual membership: $25.00
Donation: _____
Total: _____

Make cheque or money order payable to: Allergy and Environmental Health Association, P.O. Box 40604, Burlington, Ontario L7P 4W1

Comments: _____

_____

_____

_____

AEHA BRANCHES

NATIONAL

AEHA CANADA

P.O. Box 40604
Burlington, Ontario, Canada
L7P 4W1
PH: 1-800-695-9271

BRANCHES

BRITISH COLUMBIA

c/o Jean Stevens
P.O. Box 1231
Logan Lake, B.C.
V0K 1W0

HAMILTON-BURLINGTON

Pres: Linda DeMarchi
1510 Oakhille Drive
Oakville, Ontario
L6J 1Y5
PH: 905-336-2562

KITCHENER

Pres: Alice Croft
85 Longwood Drive
Waterloo, Ontario
N2L 4B6
PH: 519-884-1008

LONDON

Linda Whitlock
RR#3, Melbourne, Ontari
N0L 1T0
PH: 519-289-2440

NEW BRUNSWICK

Pres: Margaret Kelly
P.O. Box 4073
Dieppe,N.B.
E1A 6E7
PH: 506-855-4990

NOVA SCOTIA

Pres: Greg Booth
P.O. Box 31323
Halifax, N.S.
B3K 5Y5

OTTAWA

Elizabeth Stutt
196 Sherway Drive
Nepean, Ontario
K2J 2G6
PH: 613-825-8388
FX: 613-725-1070

PRINCE ENDWARD ISLAND

Debbite Lutz
3 Charlotte Drive
Charlottetown, P.E.I.
C1A 2N6

WATERLOO-WELLINGTON

Pres: Colleen Crowe
11 Drew Avenue
Cambridge, Ontario
N1S 3R2

RESOURCE MATERIALS

Joanna Anderson
356 Rankin Drive
Burlington, Ontario
L7N 2B4
PH: 905-637-5146